



Complete Summary

GUIDELINE TITLE

Best evidence statement (BEST). Readiness for transition to adult care: pediatric kidney transplant patients.

BIBLIOGRAPHIC SOURCE(S)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Readiness for transition to adult care: pediatric kidney transplant patients. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Oct 10. 16 p. [25 references]

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Kidney transplant

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nephrology
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Patients
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

To provide best evidence statements for the assessment of readiness to transition from pediatric to adult care for adolescents who have had a kidney transplant

TARGET POPULATION

Adolescents who have had a kidney transplant at any age

INTERVENTIONS AND PRACTICES CONSIDERED

1. Use of assessment surveys (self- and health care provider-administered)
2. Timing of surveys
3. Patient education
4. Development of action plans
5. Track and review progress towards transition

MAJOR OUTCOMES CONSIDERED

- Scores on transition and knowledge assessments
- Age at transition from pediatric to adult care
- Rate of kidney graft rejection after transition

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Search Strategy

Original Search:

- OVID Databases:
 - Medline, CINAHL, and the Cochrane Database for Systematic Reviews (CDSR)
- OVID FILTERS
 - Publication Date: 2001 to present
 - Limits: Humans and English Language
 - Study Type: highest quality evidence
 - Publication Type: Guidelines, Systematic Reviews, and Meta-Analyses
 - Age Limits: Children [All child (0 to 18 years) or "newborn infant (birth to 1 month)" or "infant (1 to 23 months)" or "preschool child (2 to 5 years)" or "child (6 to 12 years)" or "adolescent (13 to 18 years)"]
- OVID SEARCH TERMS & MeSH TERMS
 - Intervention/Exposure: Kidney Transplant\$ or Kidney Transplantation Transition readiness, transition to adulthood, transition\$ and (adolescen\$ or adult\$)
 - Within the above search results, a refined search was also conducted for "readiness"

Additional Articles:

- Identified from reference lists, systematic reviews, and clinicians

NUMBER OF SOURCE DOCUMENTS

13

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Quality Level	Definition
1a* or 1b*	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5	Other: General review, expert opinion, case report, consensus report,

Quality Level**Definition**

or guideline

*a = good quality study; b = lesser quality study.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below:

1. Grade of the Body of Evidence (see the "Rating Scheme for the Strength of the Evidence" field)
2. Safety/Harm
3. Health benefit to patient (direct benefit)
4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)
5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)
6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])
7. Impact on morbidity/mortality or quality of life

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**Strength of Recommendation**

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.

Strength	Definition
No recommendation made	There is lack of consensus to direct development of a recommendation.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Reviewed by the Clinical Effectiveness group.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for strength of recommendation ("strongly recommended", "recommended", and no recommendation made) and the levels of evidence (1a-5) are presented at the end of the "Major Recommendations" field.

Note: There are no published studies that evaluate the effectiveness of a transition program for transplant patients. The following recommendations are based on considered judgment from a consensus process that incorporated critically appraised evidence, clinical experience, patient views and preferences, and other dimensions.

1. It is recommended that readiness for transition to adult care be assessed:
 - At least annually beginning in early adolescence (Forbes, 2001 [1b]; Reiss, Gibson, & Walker, 2005 [2a])
 - By both self- and health care provider-administered surveys (Cappelli, MacDonald, & McGrath, 1989 [2b])

(Cappelli, MacDonald, & McGrath, 1989 [2b]; McLaughlin et al., 2008 [4b]; Betz & Redcay, 2003 [5]; Rettig & Athreya, 1991 [5]; Local Consensus [5]).^Â See Appendix 1 and Appendix 2 in the original guideline document for survey instruments.

2. It is recommended that the results of the readiness assessment be used to:
 - Identify areas for education, intervention, discussion, and other targeted efforts
 - Develop and implement written action plans that include timelines for review

(Betz, 2004 [1b]; Forbes, 2001 [1b]; Hauser & Dorn, 1999 [2a]; Cappelli, MacDonald, & McGrath, 1989 [2b]; Por et al., 2004 [4b]; Betz & Redcay, 2003 [5]; Rettig & Athreya, 1991 [5]; Local Consensus [5]).

3. It is recommended that pediatric healthcare providers:
 - Track progress toward complete readiness and achievement of transition using standardized assessment
 - Review progress with the patient's action plan, and revise as appropriate, at least annually and more frequently as needed until individualized transition readiness goals are achieved

(Hauser & Dorn, 1999 [2a]; Flume et al., 2004 [4b]; Rettig & Athreya, 1991 [5]; Local Consensus [5]). See Appendix 3 in the original guideline document for transition checklist tools for the following three age ranges: 12 to 14 years, 14 to 16 years, and 16 to 21 years.

Definitions:

Strength of Recommendation

Strength	Definition
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"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is lack of consensus to direct development of a recommendation.

Levels of Evidence

Quality Level	Definition
1a* or 1b*	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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4a or 4b	Weak study design for domain
5	Other: General review, expert opinion, case report, consensus report, or guideline

*a = good quality study; b = lesser quality study.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is specifically stated for each recommendation (see the "Major Recommendations" field).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

There is a theoretical reduction in the risk of rejection and poor post-transition outcomes among adolescents who are prepared for transition to adult care.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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[25 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2008 Oct 10

GUIDELINE DEVELOPER(S)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

SOURCE(S) OF FUNDING

Cincinnati Children's Hospital Medical Center

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Group/Team Members: Jens Goebel, MD, Pediatric Nephrology; Bradley Dixon, MD, Pediatric Nephrology; Denise McAdams, RN, Pediatric Nephrology; Debra Schoborg, RN, Pediatric Nephrology; Juliann Ross, RN, Pediatric Nephrology; Ahna Pai, PhD, Center for the Promotion of Adherence and Self-Management

Clinical Effectiveness Support: Jennifer Russell, Facilitator; Eloise Clark, MPH, MBA, Evidence Facilitator; Karen Vonderhaar, MS, RN, Methodologist; Elizabeth Ricksecker, MA, Outcomes Manager; Danette Stanko-Lopp, MA, MPH, Epidemiologist; Barbarie Hill, MLS, Pratt Library

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center](#).

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Children's Hospital Medical Center Health Policy and Clinical Effectiveness Department at HPCEInfo@chmcc.org.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p.
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p.
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p.

Additionally, the following implementation tools are available in the appendices of the [original guideline document](#):

- Transition Score Assessment
- Transition Readiness Survey
- Transition Checklist Tool

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Children's Hospital Medical Center Health Policy and Clinical Effectiveness Department at HPCEInfo@chmcc.org.

PATIENT RESOURCES

None available

NGC STATUS

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